

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

02-22-2007 90275 018 ****50.00

DOCUMENT # L06000046496					
1. Entry Name IMPORTS BY GLORIA LLC					
Principal Place of Business 10650 NW 29 TERRACE DORAL FL 33172 FL			Mailing Address 10650 NW 29 TERRACE DORAL FL 33172 FL		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02192007 Chg-LLC CRZE083 (12/06)	
Zip		Country		4. FEI Number 20-4815400	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ACEVEDO, GLORIA J 20124 SW 129 PL MIAMI, FL 33177			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEITOUNE, MARCO 20155 NE 30TH COURT (NORTH TOWER) AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEITOUNE, JOSEPH 20155 NE 30TH COURT (NORTH TOWER) AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEITOUNE, ZIAN 20155 NE 30TH COURT (NORTH TOWER) AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEITOUNE, MOISES 20155 NE 30TH COURT (NORTH TOWER) AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that any person who shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company at the time of filing of this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: _____ 3/23/07					